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Review Article

Major Depression Disorders in Epochs of Pandemics and Armed Conflicts

Alina MAPN da Silva [1], Luiz Carlos Miller Paiva Nogueira da Silva [1], Anita L R Saldanha [1], Ana Paula Pantoja Margeotto [1], André Luis Valera Gasparoto [2], Luiza Ferrari de Castro Melo [1], Elisa Rinaldi Nunes [1], and Tania Leme da Rocha Martinez [1]*

[1]Nephrology Department, BP - A Beneficência Portuguesa de São Paulo, São Paulo, Brazil.

[2]Intensive Care Unit, BP - A Beneficência Portuguesa de São Paulo, São Paulo, Brazil.

***Corresponding Author**: Tania Leme da Rocha Martinez, Rua Comandante Ismael Guilherme, 358 - Jardim Lusitânia 04031-120 - São Paulo – SP, Brazil.

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Abstract

The focus of this article has to do with the increasing prevalence of Major Depression in recent times of pandemics and armed wars. There are factors that can exert their actions on the personality of the individual prone to self-destruction, both in molding periods and through the social environment - these are frustrations. Social conditions are the only causes that contribute to suicide, that is, it would not be an individual disease, but a social one. This discrepancy among sociologists will be understood as we delve deeper into the etiological problem of autocide. Psychoanalysis has come to revalue the importance of the family, especially good education in mold periods. Consequently, there is a higher frequency of depressive crises and a predominance of the death instinct. The individual who suffers from major depression has a definite set of unconscious fantasies that determine his mood and every illness, plus the characteristic emotional attitude towards the world, which marks his behavior. He identifies with another person whom he had loved and hated. Other kinds of thanatism we find in ascetics and martyrs. In these cases, there are unconscious motives of guilt leading the individual to ambivalence between pleasure-pain, satisfied love and suffering, abnegation or detachment, and aggressive feelings and guilt, exacerbated by poor religious orientation. Chronic disability is also a form of thanatism. This would be a battle fought between the force of eroticization and destruction, that is, the will to live and the will to destroy oneself, with a slight predominance of the death instinct. In conclusion, the susceptibility to the development of Major Depression can be enhanced by socio-pathological factor, as presently happen with the COVID pandemics and the Armed Wars.

Keywords: depression; epidemiology; social environment; self harm; mental health; armed conflict; war

Introduction

There has been a significant increase in that prevalence of cases of Major Depression particularly well documented in the western countries. The observation of the last five years regarding social modifications points to the search for factors that could have played a role in it.

COVID-19 pandemic has shown not only how large is the array of clinical morbidities but also repercussions in mental health [1-9]. Armed wars have also a major impact on the development of psychiatric manifestations, contributing to the worsening of family and social interaction.

In this article we will focus primarily on the understanding of the expression of Major Depression [10-15].

There are factors that can exert their actions on the personality of the individual prone to self-destruction, both in molding periods and through the social environment - these are frustrations. These can exert an influence during lactation; in the family environment due to affective need; through the aggressive attitude of the parents; through the unfavorable society or work environment [16]. Beliefs, myths, skid-row, and religions can play a discrete part as a precipitating factor for autocide.

The individual may show great variation in resistance to pathogenic social factors, but is always influenced to a greater or lesser degree by them, depending on whether the ego is more or less fragile [17-19].

Frustration-aggression, injustice, social imitation or identification of the subject with suicides (social learning, i.e., a crime learned by interaction with others in a communication process) can only exert influence if there is a process of predisposition, that is, if the individual has had traumas in the mold periods (in which there was an exaggerated development of the death instinct) or rather, intense frustrations, causing revolts [16].

Durkheim [8] described a self-destruction that he called anomic (from a-negative and nomus-law), that is, resulting from a state of unruliness of society or illegality. When there is natural eroticism, with more intense vitality and increasing prosperity, all desires are exalted, and favor the loosening and loss of traditional rules and authority. As a result of this situation, the passions are less disciplined, the demands are difficult to satisfy, nothing satisfies the individual, everything favors taedium vitae or hatred of life, and thus the practice of self-destruction. In the psychoanalytic sense, it would be interpreted: everything would be so good that one would not have the right to take advantage of it [16]. This lack of discipline attitude is motivated by unconscious guilt. Durkheim [20] speaks of the low rate of autocides in poor countries, while the more civilized countries, high in general culture, are the ones with the highest number of autocides. On the other hand, autocide varies in inverse proportion to the integration of religious, political, and domestic society. It is not because of the special nature of religious conceptions that the beneficent influence of religions is favored. It's not because they employ sui generis arguments, it's because they constitute a society. Halbwachs [21] sums up his statistical conclusions in different terms: "the number of suicides is a fairly accurate index of the amount of suffering, malaise, imbalance and sadness that exists or is produced in a group... Social conditions are the only causes that contribute to suicide, that is, it would not be an individual disease, but a social one." This discrepancy among sociologists will be understood as we delve deeper into the etiological problem of autocide. As in any thanatism, there is in autocide a lot of masochism and a feeling of insecurity. For psychoanalysis, Thanatos is the mythical personification of the death drive, an instinctive and unconscious impulse that seeks death and/or destruction. This concept is developed in the books "Beyond the Pleasure Principle" and "Discontent in Civilization", by Sigmund Freud. Those who suffer, those who punish themselves and those who purge themselves through the innumerable difficulties of life (an underdeveloped country, social poverty, revolutions, etc.) would not need the greater evil, which would be autocide. One would be atoning for guilt through suffering. However, existential anguish is the prerogative of educational errors in mold periods and, therefore, the product of a miserable or self-absorbed family. We can then conclude that autocide is an individual disease, but caused by bad mold periods, that is, a disease caused more by the action of the family, in the creations than by the action of society. In adults, the main cause of autocide would therefore be in the home environment. A home with forceful or self-absorbed parents often creates insecure, dissatisfied, and aggressive individuals.

Similar situations are found in the study of the incidence of mental illness [16]. These increase as one moves from class I (rich families) to class II (workers, etc.) in the classification of Hollingshead and Redlich [22]. Neuroses predominate in rich families and psychoses in poor classes, i.e., there is a connection between family disorganization and psychic disorganization. Sociologists ask: "Which would be the more important explanatory factor, social position or family disorganization?" This disorganization varies quite clearly according to the strata; But we think that the stratum would not act directly, but rather through the intermediary of the domestic group.

Psychoanalysis has come to revalue the importance of the family, especially good education in mold periods. Psychoanalysis recognizes the importance of society, given the American financial debacle in 1930, correlated with the greater number of autocides or the anomy of migration of the Chinese. But the main thing would be in the formation of the personality in the home. We have as an example the Malaysians of Singapore, who have an exceptionally low rate of autocide compared to the Chinese, although they live without residential stability. On the other hand, as with most chronic diseases, heredity and genetics have to be consider [23,24]: There needs to be considered the presence of repeated suicide in a family not as due exclusively, nor even preferentially, to the constitution. Most likely, it is a phenomenon of false inheritance, prosecuted by identification.

There has always been a tendency towards superficial explanations of the causes of autocide. It would be a simple and logical consequence of poor health, disillusionment, financial setbacks, humiliation, frustrated desires or unrequited love. What is most astonishing is not that these simple explanations are continually offered, but that they are so easily accepted. The causes of autocide are complex, and most often unconscious conflicts come into play, beginning in the molding periods, and manifesting themselves many years before autocides are practiced. There is a very close correlation between suicidal ideation and drug addiction.

The neurotic, especially if he has a psychotic core, resorts, in order to combat the conflicts of the molding periods, to the use of drugs (alcohol, marijuana, etc.), because through these (it would be the totem), he tries to get out of reality, in the same way as the suicidal maniac does. He also uses denial, becoming omnipotent and megalomaniacal. On the other hand, the neurotic resembles the schizophrenic living his autistic world, in the sense of being able to confront and control internalized objects. The addict's ego, unable to integrate his life instincts with the death instincts, makes use of drugs for this purpose, that is, to cope with the guilt produced by the excessive envy of his parents or other substitutes for them, substitutes for authorities [16]. It is common for drug addicts to only confront authorities under the influence of drugs. It is for this reason we admit that mania, like drug addiction, would be defense symptoms. Miller de Paiva also argues that the action of the drug makes the individual revive the combined figure of the parents (persecutory because it is made up of excessive envy) as an omnipotent object (return to primitive bisexuality), in an attempt to return to life what he destroyed in fantasies [16]. This situation explains the frequency of homosexuality, impotence and frigidity in suicides and criminals. Certain drug addicts, once sober, once again feel within themselves the source of danger that is the sadistic combined figure; They begin to feel anxiety, depression and have thoughts of self-murder again. Hence the need to use the toxic substance. The suicide, in order not to become a murderer (in fantasies, against his parents, or rather, against the combined figure), destroys himself. Consequently, there is a higher frequency of depressive crises and a predominance of the death instinct. The individual who becomes a murderer kills his wife because, in an unconscious fantasy, he is destroying his own mother, and then commits suicide because he would be destroying his father, who is perceived as a thanatic object (e.g., death pact between lovers, such as Stephan Zweig, Prince Rudolph of Bavaria and Dazai Osamu [25].

Consequently to the ideas exposed above, Zilboorg [26] expressed: "the individual who suffers from pathological depression presents a definite set of unconscious fantasies that determine his mood and every disease, plus the characteristic emotional attitude towards the world, which marks his behavior". He identifies with another person whom he had loved and hated. He consequently loves and hates himself and becomes a victim of this battle that is being waged within him. The individual remains under the dominant influence of fantasies that he has ingested the loved one and hurls the whole mass of hostility against that internalized person. The process of being hostile to that internalized person is perceived as depression, self-loathing, and self-hatred, while the murderous act of that person or persons is the act of autocide.

In his theory of instincts, Freud [27] shows that during a fit of rage, the person often demonstrates the transition from restrained aggressiveness to self-destruction. The melancholy man tears his hair out or slaps his face with clenched fists, which he evidently wanted to do to the other person. It is this sadomasochism alone that solves the riddle of the tendency to autocide, and makes depressions something of such interest and danger. No one harbors suicidal thoughts that are nothing more than a murderous impulse directed against their ego. This process of internalization of aggression occurs in the mold period and the analysis of the melancholic demonstrates infantile characteristics in its mental function.

Traumas, whether in the first or second mold period, as we have seen, can produce a predominance of the death instinct (self-destructiveness). The most effective trauma for the production of thanatism would be in the first mold period - during lactation. The Kleinian school accentuated the child's defense, calling it the paranoid schizophrenic position. The mechanisms that it presents and to which drug addicts or people with thanatism resort to control paranoid anxiety are, as we have seen, maniacal in nature, that is: idealization, projective identification and omnipotent domination of objects. The individual, with thanatic ideas produced by the mechanisms mentioned above, tends to settle in the paranoid schizophrenic phase that usually sets in the first months of life. However, he manages to partially reach the depressive position. In individuals with these mechanisms, there is a denial of all frustration. For individuals who surrender to the toxic by thanatism, marijuana, alcohol, LSD (lysergic acid diethylamide), etc., would symbolize objects, ideas that would reinforce the struggle against their existential anguish. In fact, they report that they try to smoke marijuana or take LSD to be able to feel glazed, which would be a dazzle to escape from a blunt reality. This fact occurs more frequently with the alcoholic, who, under the action of alcohol, feels courageous and capable of facing a situation that he would never dare to try, when sober; his censorship would not allow it. The action of the toxic agent would be similar to what occurs in the child; she uses her fantasies of hallucinatory desire fulfillment to cope with her anxieties; since she does not have the breast, she idealizes the finger (sucking it) as a subsidy to hallucinate the ideal breast. The effect of the intoxicant would be that of artificial physical aid for the production of hallucination. The drug would appear as a destructive and evil substance whose incorporation would symbolize identification with thanatic objects (destructive and persecutory), the effect of which would increase the omnipotent power of the death instinct [28]. Even drugs, such as marijuana said to be innocuous (although Carlini and Masur have demonstrated its toxicity) [28] would be framed here as falsely good objects. Under these conditions, the suicidal drug addict denies his good part, becomes commandless and loses the power to govern the inner object, the thanatic superego. As we have seen, the suicidal person cannot fight against suffering and frustration because not only of his repression, but of the excessive division of his weak ego. All of this justifies the fact that drug addiction is closely linked to manic-depressive psychosis, although it is not identical to it. However, the destructive phases of drug addiction that lead to autocide resemble the destructive aspect of mania. The addict's ego is weak and lacks the strength to bear the weight of depression. For this reason, he often resorts to manic mechanisms that he can only achieve through drugs. Rosenfeld [29] admits that the drug is the symbol of the evil part of the ego (it is on the external side) and intoxication occurs when this evil object returns to the ego.

For Miller de Paiva [16], the traumas in the second mold period, produced by a self-absorbed family, with a pernicious infra-familial environment, in which the child acquires many doubts regarding the love of the parents, constitute an important supporting factor for the non-disappearance of envy. On the contrary, they accentuate it even more, which ends up intensifying the death instinct, with which the child will dominate fantasies and prevent the healthy balance of the ego.

In the etiopathogenesis of the suicidal person, whether of the drug addict or the paranoid, other conflicts may also be associated, such as the Oedipus complex, impotence and homosexuality, which evidently collaborate and play an important role. Identification with another man or woman would be to receive something strong (phallus or breast) that the homosexual had not received from his father or mother; this homosexuality would be caused more by insecurity.

The influence of the cultural pattern (culture whose pattern condemns homosexual desires), in addition to the religious influence (that this desire is a sin), can constitute reasons for the individual to decide to commit suicide.

Other kinds of thanatism we find in ascetics and martyrs. In these cases, there are unconscious motives of guilt leading the individual to ambivalence between pleasure-pain, satisfied love and suffering, abnegation or detachment, and aggressive feelings and guilt, exacerbated by poor religious orientation.

Chronic disability is also a form of thanatism. This would be a battle fought between the force of eroticization and destruction, that is, the will to live and the will to destroy oneself, with a slight predominance of the death instinct. Alcoholism, antisocial attitudes (perversions, criminality) certain self-mutilations [16] as autotomy: onychophagia, self-castration in the transsexual, etc.). They would be destructive impulses motivated by a specific unconscious fantasy, the will to live, because it is partial self-destruction. This author also places in autotomy: manic denial, intentional accidents, which would also be forms of thanatism.

International opinion surveys provide the basis for developing a transcultural nomenclature of suicidal behavior. Future developments of this nomenclature should be tested in larger samples of professionals, including low-and middle-income countries; may be a challenge [30].

In conclusion, the susceptibility to the development of Major Depression can be enhanced by socio-pathological factors, as presently happen-with the COVID pandemics and the Armed Wars.

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In memoriam: Luiz Miller de Paiva.

Conflict of interest

None.

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